

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO 14-7555					
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 5/18/2014 DAY		TIME: MILITARY							
CRASH OCCURRED ON				PRIVATE PROPERTY		WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION				MILES 50 FEET		N W S E OF N. Broadway ST		CITY CODE		8303							
LOC		JUR		FH9		FILT											
A	UNIT NO. 1	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		None Given									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				Gibson, Keri Lynn		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		119 E. Main St. Apt. 1 Lebanon OH 45036									
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE			DRIVER'S LICENSE NO.		OCCUPATION		
513-401-7459		05/11/14		19		26		F					OH		SV888595		Cashier
OWNER (IF SAME AS DRIVER, WRITE SAME)				Gheuer, Jonathan, T		ADDRESS		SAME		PHONE		513-401-7459					
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR	
2003		Jeep		SW		GREY		SW		OH		FTN8073				FROM TO	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO.	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION			
		m D Y															
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS				PHONE							
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR	
																FROM TO	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES							
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F							
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		INJURIES		1 FATAL 2 SERIOUSLY VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		INJURIES		CONDITION					
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		INJURIES		ALCOHOL					
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED					
A	B	C	INJURED TAKEN TO		By		A B C D E F		ALCOHOL		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
D	E	F	INJURED TAKEN TO		By		A B C D E F		A B C D E F		A B C D E F		1 NOT DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				
A	B	C	OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F		A B C D E F				
O	B	C	OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F		A B C D E F				
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		A B C D E F		A B C D E F			
0152		0153		0154		0208		20		34		A B C D E F		A B C D E F			
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		A B C D E F		A B C D E F		A B C D E F			
M05 D04 Y2014		YES NO		Ptl. Todd		116				A B C D E F		A B C D E F		A B C D E F			